

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:17

DOCUMENT # **P24195** (0)

1. Corporation Name

KUEHNE CHEMICAL COMPANY, INC.

Principal Place of Business

86 HACKENSACK AVE.
KEARNY NJ 07032

Mailing Address

86 HACKENSACK AVE.
KEARNY NJ 07032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

22-1814774

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
KUEHNE, PETER R.
HC 63 BOX 5043 N/A
CARRABELLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
GOETZEL, ROGER
1031 CAPE CORAL PKWY 210
CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
RAEUCHLE, ERNEST T.
134 BOND STREET
ISELIN NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PARTON, CHARLES T
8 HEATHCLIFF RD
RUMSON NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SHAAK, PHILIP C.
651 VALLEY ROAD
BRIELLE NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCCORMICK, FRANCIS X.
18 MARVIN COURT
LAWRENCEVILLE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

S
Hunman, Boyd
128 Mali Drive
North Plainfield, NJ 07062

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with or without a signature.

SIGNATURE:

Boyd Hunman
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boyd Hunman, Secretary (201) 589-0700